

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2011 thru 6/30/2013.


Employer: Springfield

County: Union

Date: 6/21/2012

Name: Matthew A. Clarke
Print Name

Title: SBA/BS


Signature

SUMMARY FORM

**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

Section I: Agreement Details

Public Employer: Springfield County: Union
Employee Organization: Springfield Supervisors Association Employees in Unit: 311
Base Year Contract Term: 5/17/2010 6/30/2011 New Contract Term 7/1/2011 6/30/2012
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 Salary	\$703,453	\$716,225
Item 2 Increment		
Item 3 Longevity	\$2,815	\$2,815
Item 4 Tuition	\$3,800	\$3,800
Item 5	\$0	\$0
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	\$710,068 (Total)	\$722,840 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$710,068

Effective Date (m/d/yyyy)	<u>7/1/2011</u>	<u>7/1/2012</u>			
Percent Increase	<u>1.80</u>	<u>1.77</u>			
Total cost of increase ..	<u>\$12,772</u>	<u>\$12,823</u>			
Total base salary (successor agreement)	<u>\$722,840</u>	<u>\$735,663</u>			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 1.79
Dollar Impact (average per year over term of agreement) \$12,798.00

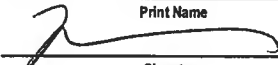
Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$4,072,156	\$4,390,400			
Employee Contributions	\$8,000	\$10,744			
Prescription					
Dental					
Vision					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Matthew A. Clarke Title: SBA/BS
Print Name
 Signature
Date: 6/21/2012